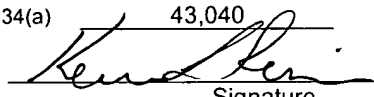


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 01527/000E847-US0																
	In re Application of <b>Arthur Ashman</b>																	
	Application Number <b>09/448,692</b>		Filed <b>November 24, 1999</b>															
	For: <b>SOFT TISSUE SUBSTITUTE AND METHOD OF SOFT TISSUE REFORMATION</b>																	
	Art Unit <b>3738</b>		Examiner <b>D. Isabella</b>															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 10%; text-align: center;">\$</td><td style="width: 20%;"></td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$</td><td style="text-align: right;">420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$</td><td></td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$     <u>210.00</u></p> <p><input checked="" type="checkbox"/> The fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fee deficiency or any additional fees, or credit any overpayment, to Deposit Account Number     <u>04-0100</u></p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the     <input type="checkbox"/> applicant/inventor.</p> <p>                    <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.                                     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p>                    <input type="checkbox"/> attorney or agent of record. Registration Number     _____</p> <p>                    <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).                                     Registration number if acting under 37 CFR 1.34(a)     <u>43,040</u></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 45%;"><p><u>January 26, 2004</u> Date</p><p><u>(212) 527-7641</u> Telephone Number</p></div><div style="width: 45%; text-align: right;"><p> Signature</p><p><u>Kevin L. Reiner</u> Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div><input type="checkbox"/> Total of</div><div><u>1</u></div><div>forms are submitted.</div></div>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$		<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$																	

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